

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/789,536-Conf. #9640
		Filing Date	February 26, 2004
		First Named Inventor	Arthur M. Krieg
		Examiner Name	N. M. Minnifield
		Art Unit	1645
TOTAL AMOUNT OF PAYMENT		(\$)	670.00
		Attorney Docket No.	C1039.70083US05

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☒ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☐ Deposit Account
 Deposit Account Number: 23/2825
 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims <u>16</u> - 40 or HP = _____	Extra Claims _____	Fee (\$) _____	Fee Paid (\$) _____	Multiple Dependent Claims <table style="width: 100%;"> <tr> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Fee (\$)	Fee Paid (\$)	_____	_____
Fee (\$)	Fee Paid (\$)							
_____	_____							

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims <u>1</u> - 6 or HP = _____	Extra Claims _____	Fee (\$) _____	Fee Paid (\$) _____
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HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50 = _____ (round up to a whole number) x _____ = _____		

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge):	
1252 Extension for response within second month	490.00
1806 Submission of an Information Disclosure Statement	180.00

SUBMITTED BY

Signature	/Helen C. Lockhart/	Registration No. (Attorney/Agent)	39,248	Telephone	617.646.8000
Name (Print/Type)	Helen C. Lockhart			Date	March 4, 2011

Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: March 4, 2011

Electronic Signature for: /Eileen M. MacKenzie/